## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Senate Conservatives Fund		C C00448696
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New re	eport Amends report file	
Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination
		10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 388		Amount
City State	Zip Code	1407.70
Alexandria VA	22313-0388	Transaction ID: E81AFC3D4E364421FB17 Date of Disbursement or Obligation
Purpose of Expenditure IE-Cotton-Online Processing	Category/ Type	10 11 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: House District:
Thomas Cotton	Oppose	President State: AR State:
Calendar Year-To-Date	Dis 59697.36 201	sbursement For: Primary General
Per Election for Office Sought	3337.30	Other (specify) ► General 2014
Full Name of Payee Senate Conservatives Fund		Date of Public Distribution/Dissemination
Mailing Address PO Box 388		10 15 2014
PO BUX 300		Amount
City State	Zip Code	843.50
Alexandria VA	22313-0388	Transaction ID : E3A2639AF0ECD4197A9B  Date of Disbursement or Obligation
Purpose of Expenditure IE-Cotton-Online Processing	Category/ Type	10 15 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District:
Thomas Cotton	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary General  Other (specify) ► General 2014
-		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	2251.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>•</b>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	•
	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		